Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                 |                      |                              |                   |        | SMALL ENTITY TYPE  |                        |           | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|-----------------|----------------------|------------------------------|-------------------|--------|--------------------|------------------------|-----------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   |                 |                      | (SOIGHIII E)                 |                   | Ė      | RATE               | FEE                    | он<br>  1 | RATE                       | FEE                    |
| FOR   |  |   | . /Z            |                      | NI IMPED EVERA               |                   | -      | ASIC FEE           | 370.00                 |           |                            |                        |
|   |  |   | NUMBER FILED    |                      | NUMBER EXTRA                 |                   | ٦      | ASIC FEE           | 370.00                 | OR        | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | /Z min          | us 20=               | *                            |                   |        | X\$ 9=             |                        | ΛR        | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   |                 | nus 3 =              | *                            |                   |        | X42=               |                        | OR        | X84=                       |                        |
| ML  | ILTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT          |                      |                              |                   |        | +140=              |                        | OR        | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                 |                      |                              |                   |        | TOTAL              | 37 U                   | OR        | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                 |                      |                              |                   |        | •                  |                        |           | OTHER                      | THAN                   |
|   |  | (Column 1)                                |                 | (Colu                |                              | (Column 3)        |        | SMALL E            | ENTITY                 | OR        | SMALL                      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |        | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus           | **                   |                              | =                 |        | X\$ 9=             |                        | OR        | X\$18=                     |                        |
| AME   | Independent                                    | *   | Minus           | ***                  | T CL 411.1                   | -                 |        | X42=               |                        | OR        | X84=                       |                        |
|   | FIRST PRESE                                    | ENTATION OF M                             | ULTIPLE DEF     | PENDEN               | CLAIM                        |                   |        | +140=.             |                        | OR        | +280=                      | :                      |
|   |  |   |                 |                      |                              |                   |        | TOTAL              |                        | OR        | TOTAL                      |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |                      |                              |                   |        | ODIT. FEE          | <u></u>                |           | ADDIT. FEE                 |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |        | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
| ĮŽ  | Total  | *   | Minus           | **                   |                              | =                 |        | X\$ 9=             |                        | OR        | X\$18=                     |                        |
| AMENDMENT   | Independent                                    | *   | Minus           | ***                  |                              | =                 |        | X42=               | -                      |           | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                      |                              |                   | -      | //46-              |                        | OR        | 7.07-                      |                        |
|   |  |   |                 |                      |                              |                   |        | +140=<br>TOTAL     |                        | OR        | +280=                      |                        |
|   |  |   |                 |                      |                              |                   |        |                    |                        | OR        | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |                      |                              |                   |        |                    |                        |           |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |        | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus           | **                   |                              | =                 |        | X\$ 9=             |                        | OR        | X\$18=                     |                        |
|   | Independent                                    | *   | Minus           | ***                  |                              | =                 |        | X42=               |                        | OR        | X84=                       |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                      |                              |                   |        | 115                |                        |           | 000                        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                 |                      |                              |                   |        | +140=              |                        | OR        | +280=                      |                        |
| **  | If the "Highest Nu                             | mber Previously P                         | aid For" IN THI | S SPACE              | is less tha                  | n 20, enter "20." | , AC   | TOTAL<br>DDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE        |                        |
|   |  | umber Previously P<br>nber Previously Pa  |                 |                      |                              |                   | r foun | d in the app       | oropriate bo           | k in co   | lumn 1.                    |                        |